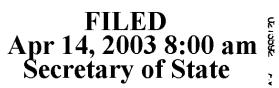
2003 FOR PROFIT CORPORATION



1. Entity Nan		0094119			04-14-2003 90	ry 01 St 0219 026 ***15		
	ce of Business GLER STREET 130	Mailing Address 172 W. FLAGLER STREI MIAMI FL 33130	ET					
	172 w flablen Start S		iling Address			 	4 4 4	
5	uite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
	n, flounda	City & State		4.	FEI Number 30 - 0/0 7 85 4	· · · · · · · · · · · · · · · · · · ·	pplied For ot Applicable	
Zip 7 3/3		Zip	Country	5.	Certificate of Status Desired	S8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Current I	Registered Agent	Name	7.	Name and Address of New Regi	stered Agent		! i
	Stephen Lagler Street		reet Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	. 33130				P. 15.			
			City			FL Zip Cod		ĺ
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		s registered office of the control o			a. I am familiar with,	and accept	
F After	ILE NOW!!! FEE IS \$150.00 f May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			ų.	Election Campaign Finance Trust Fund Contribution.		00 May Be d to Fees	
10.	QFFICERS AND I	DIRECTORS	11.		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR		_
NAME: STREET ADDRESS CITY-ST-ZIP	D Caplan, Stephen 172 W. Flagler Street Suite Miami Fl 33130	☐ Detete 320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	172 6	KODELMAN WEST FIGGIER STATE N. FL. 31134	∵ □ Change	Addition	R2F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 51274 3400 A Hell	CAPION N 34 AVE Hyweed, FL 73. LI	☐ Change	Addition	CH2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •	Delete	NAME STREET ADDRESS CITY-ST-ZIP			- Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	§.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	□ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HEREQUIRECTEPHEN COPLAN

4-10.5

305 374-7416

Daytime Phone #